W

PART B-ISSUE FEE TRANSMITTAL

142/300

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All futher correspondence including the Issue Fee Receipt, the Patent, achieves orders and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise, by; (a) specifyings now correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of issue Fee or thereafter. See reverse for Certification of Mailling, below.

of issue Fee or thereafter. <b>See rever</b>								
Under the Paperwork Reduction Act								
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office,					2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME			
								Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Box Issue Fe
DO NOT SEND FEES OR COMPLE Assistant Commissioner for Patents.		RECEIVED 1			City, State and Zip Code			
	•	rhighter Div		$\overline{}$	City, State and Zip Cook			
1. CORRESPONDENCE ADDRESS			2/11	12	CO-INVENTOR'S NAM	E		
SIM & MCBU	JRNEY	FEB 1 0 1998		1	Street Address			
330 UNIVER	RSITY AVENUE '	LUIV	330	\	Street Address			
SUITE 701		07		\	City, State and Zip Code			
MSG1R7 TOF	RNOTO	07						
CANADA			ΑI	R MAIL	☐ Check if additional ch	ances are enclosed		
						•		
APPLICATION NO.	FILING DATE	TOTAL CLAIM	AS	E	XAMINER AND GROUP	ART UNIT	DATE MAILED	
08/433,646	05/04/95	012	D	UFFY, F	P	1817	11/12/97	
First Named Applicant FAHIM,		RAA	AFAT	E. F.	453	37		
TITLE OF ACELLULAR F	EK109919 AHCC	TIMES HIM	D ME	THOUS (	66 FEB	7		
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APP	LN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE	
1 MIS/MS-10	)38- 424-254	.100 U	J0:3	UTIL	ITY NOW	พระสังเรียก. 00	02/12/98	
3. Correspondence address change (Complete only if there is a change) 12/18/1998 CRSHBY 00000150 DRH:192253 08433646 12 FC:142 1320.00 DP 1320.00 DP				A For printing on the patent front page, list the name of not more than 3 registered patent attorney or agents OR, alternative, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.				
5. ASSIGNMENT DATA TO BE PRINTED	ON THE PATENT (print or type)							
(1) NAME OF ASSIGNEE:					6a. The following fees are	enclosed:		
(2) ADDRESS: (CITY & STATE OR COUNTRY) .					図 Issue Fee 「Advance Order * of Copies 6. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER (ENCLOSE A COPY OF THIS FORM)			

	3
5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
(1) NAME OF ASSIGNEE:	6a. The following fees are enclosed:
(2) ADDRESS: (CITY & STATE OR COUNTRY)	6b. The following fees should be charged to: 19-2253
A This application is NOT assigned.  A Imagine and the second of the sec	ENCLOSE ACOPY OF THIS FOOLING
Contificate	

Certmicate of mailing Note: If this certificate of mailing is used, it can be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficent postage as first class mail in an envelope addressed to: Box ISSUE FEE

Assistant Commissioner for Patents Washington, D.C. 20231

on:	(Date)
	(Name of person making deposit)
	(Signature)
	(Date)